

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: **2001**

**RAINSVILLE HOUSING AUTHORITY**

Printed on: 4/12/011:30 PM

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name: RAINSVILLE HOUSING AUTHORITY**

**PHA Number: AL168**

**PHA Fiscal Year Beginning: 07/2001**

**PHA Plan Contact Information:**

Name: **GARY W. STANFIELD**

Phone: **(256) 593-9164**

TDD:

Email: **tarha@hiwaay.net**

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**PHA Programs Administered:**

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

## Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

### iii. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> Other : Attachment <b>F</b> : Progress Statement on PHA Mission and Goals	

### ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

**This Authority has made no Policy or Program Changes since the submission of last year's plan.**

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ **201,568.00**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment **C**

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment **B**

## **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description</b> (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units <input type="checkbox"/> Public housing for      units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources

☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name)

3. In what manner did the PHA address those comments? (select all that apply)

☐ The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

☐ Yes ☐ No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_\_.

☐ Other: (list below)

## B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
  - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
  - ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

**This Authority defines a “Substantial Deviation” to the 5 year and Annual Plan as any addition or deletion of any new or old program or activity, changes to rent or admission policies. A substantial decrease of funds in the Capital Fund Program that would eliminate or modify modernization work items that have already been approved and that would require the Board of Commissioners to establish priorities for the required modernization work based on the availability of funds.**



**B. Significant Amendment or Modification to the Annual Plan:**

**A “Significant Amendment” would be the addition of emergency and non-emergency work items that were not included in the 5 year or Annual plan, but require immediate attention to correct potential problem areas.**

## **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<b>X</b>	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<b>X</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<b>X</b>	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>X</b>	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<b>X</b>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
<b>X</b>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<b>X</b>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<b>X</b>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<b>X</b>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<b>X</b>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>Coordination with other law enforcement efforts;</li> <li>Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
<b>X</b>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
<b>X</b>	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b> <b>RAINSVILLE HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>AL09P16850101</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  <b>2001</b>
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☒ Original Annual Statement
 ☐ Reserve for Disasters/ Emergencies
 ☐ Revised Annual Statement (revision no: )
 ☐ Performance and Evaluation Report for Period Ending:
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	<b>\$2,000.00</b>			
5	1411 Audit	<b>\$2,000.00</b>			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<b>\$10,320.00</b>			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<b>\$172,000.00</b>			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	<b>\$1,400.00</b>			
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	<b>\$13,848.00</b>			
21	Amount of Annual Grant: (sum of line 2-20.)	<b>\$201,568.00</b>			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security –Soft Costs				
25	Amount of Line 21 related to Security-- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	<b>\$35,000.00</b>			

**ATTACHMENT B**

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: RAINSVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: AL09P16850101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of  Work
				Original	Revised	Funds Obligated	Funds Expended	
AL168005	ADMINISTRATION; ADDITIONAL ACCOUNTING COST	1410		\$2,000.				
	AUDIT	1411		\$2,000.				
	A&E FEES AND COSTS	1430		\$10,320.				
	DWELLING STRUCTURES:	1460		\$172,000.				
	DEMOLITION/CLEAN, INSTALL							
	PANELING & TRIM, REPLACE							
	INTERIOR DOORS, FRAMES AND							
	HARDWARE, INSTALL NEW V. C.							
	FLOOR TILE, REPAIR CEILINGS,							
	AND PAINT, BATH RETROFIT,							
	KITCHEN RETROFIT, INSTALL							
	CENTRAL HVAC SYSTEM, ELEC.							
	FIXTURES							
	RELOCATION COST	1495.1		\$1,400.				
	CONTINGENCY	1502		\$13848.				
	TOTAL			\$201,568.				

## Part III: Implementation Schedule

[illegible]

**ATTACHMENT B****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b> RAINSVILLE HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>AL09P16850100</b> Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>2000</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/30/00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,074.	0.00	0.00	0.00
5	1411 Audit	2,000.	0.00	0.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,500.	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	175,000.	0.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	8,000.	0.00	0.00	0.00
18	1499 Development Activities				
19	1501 Collaerization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	197,574.	0.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security –Soft Costs				
25	Amount of Line 21 related to Security-- Hard Costs				



# Annual Statement/Performance and Evaluation Report

Printed on: 4/12/011:30 PM

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: <b>RAINSVILLE HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: <b>AL09P16850100</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2000</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/30/00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
26	Amount of line 21 Related to Energy Conservation Measures				

### ATTACHMENT B

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>RAINSVILLE HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program #: <b>AL09P16850100</b> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>2000</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>AL168-5</b>	<b>ADMINISTRATIVE</b>	<b>1410</b>		<b>2,074.00</b>	<b>0.00</b>	<b>0.00</b>	0.00	
	<b>ADDITIONAL OFFICE EXPENSE</b>							
	<b>TOTAL</b>	<b>1410</b>		<b>2,074.00</b>	<b>0.00</b>	<b>0.00</b>	0.00	
<b>AL168-5</b>	<b>AUDIT</b>	<b>1411</b>		<b>2,000.00</b>	<b>0.00</b>	<b>0.00</b>	0.00	
	<b>TOTAL</b>	<b>1411</b>		<b>2,000.00</b>	<b>0.00</b>	<b>0.00</b>	0.00	
<b>AL168-5</b>	<b>A &amp; E FEES AND COSTS</b>	<b>1430</b>		<b>10,500.00</b>	<b>0.00</b>	<b>0.00</b>	0.00	
	<b>TOTAL</b>	<b>1430</b>		<b>10,500.00</b>	<b>0.00</b>	<b>0.00</b>	0.00	
<b>AL168-5</b>	<b>DWELLING STRUCTURES</b>	<b>1460</b>		<b>175,000.00</b>	<b>0.00</b>	<b>0.00</b>	0.00	
	<b>INSTALL NEW WINDOWS AND</b>							
	<b>SECURITY SCREENS, REPLACE</b>							
	<b>EXTERIOR DOORS, FRAMES AND</b>							

**Annual Statement/Performance and Evaluation Report**

Printed on: 4/12/011:30 PM

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: <b>RAINSVILLE HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program #: <b>AL09P16850100</b> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>2000</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of  Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>HARDWARE, REPLACE WATER HEATERS, REMOVE AND REPLACE PORCH COLUMNS, REMOVE AND REPLACE SHUTTERS</b>							
<b>AL168-5</b>	<b>TOTAL</b>	<b>1460</b>		<b>175,000.00</b>	<b>0.00</b>	<b>0.00</b>	0.00	
	<b>RELOCATION</b>	<b>1495.1</b>		<b>8,000.00</b>	<b>0.00</b>	<b>0.00</b>	0.00	
	<b>TOTAL</b>	<b>1495.1</b>		<b>8,000.00</b>	<b>0.00</b>	<b>0.00</b>	0.00	
	<b>TOTAL FOR PROJECT AL09P168501</b>			<b>197,574.00</b>	<b>0.00</b>	<b>0.00</b>	0.00	

## Part III: Implementation Schedule

[illegible]

**ATTACHMENT B****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b> RAINSVILLE HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>AL09P16890599</b> Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 1999	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/30/2000 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	15,000.00	0.00	0.00	0.00
3	1408 Management Improvements	5,420.00	0.00	0.00	0.00
4	1410 Administration	1,000.00	1,000.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,000.00	9,000.00	9,000.00	7,200.00
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000.00	15,000.00	0.00	0.00
10	1460 Dwelling Structures	130,000.00	150,420.00	106,178.90	106,178.90
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of line 2-20)	175,420.00	175,420.00	115,178.90	113,378.90
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security –Soft Costs				
25	Amount of Line 21 related to Security-- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

# Annual Statement/Performance and Evaluation Report

Printed on: 4/12/011:30 PM

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: <b>RAINSVILLE HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: <b>AL09P16890599</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>1999</b>	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/30/2000		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	

### ATTACHMENT B

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>RAINSVILLE HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program #: <b>AL09P16890599</b> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>1999</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>AL168-1</b>	<b>OPERATIONS</b>	<b>1406</b>		<b>15,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>AL168-1</b>	<b>MANAGEMENT IMPROVEMENTS</b>	<b>1408</b>		<b>5,420.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>AL168-1</b>	<b>ADMINISTRATION</b>	<b>1410</b>		<b>1,000.00</b>	<b>1,000.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>AL168-1</b>	<b>A &amp; E FEES AND COSTS</b>	<b>1430</b>		<b>9,000.00</b>	<b>9,000.00</b>	<b>9,000.00</b>	<b>7,200.00</b>	
<b>AL168-5</b>	<b>SITE IMPROVEMENT</b>	<b>1450</b>		<b>15,000.00</b>	<b>15,000.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>AL168-1</b>	<b>DWELLING STRUCTURES</b>	<b>1460</b>		<b>130,000.00</b>	<b>150,420.00</b>	<b>106,178.90</b>	<b>106,178.90</b>	

# Annual Statement/Performance and Evaluation Report

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## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>RAINSVILLE HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program #: <b>AL09P16890599</b> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>1999</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of  Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>INSTALL PANELING AND TRIM IN</b>							
	<b>18 UNITS AND OFFICE. INSTALL</b>							
	<b>HVAC SYSTEM. COMPLETE</b>							
	<b>PAYMENT ON AL16890498</b>							
	<b>ABATEMENT LEAD BASE PAINT</b>							
<b>AL168-5</b>	<b>REPLACE STORM DOORS- WINDOW</b>							
<b>AL168-2</b>	<b><u>TOTAL FOR AL09P16890599</u></b>	<b><u>1460</u></b>		<b><u>175,420.00</u></b>	<b><u>175,420.00</u></b>	<b><u>115,178.90</u></b>	<b><u>113,378.90</u></b>	
<b>AL168-6</b>	<b><u>NO FUNDS REQUESTED</u></b>							
	<b><u>NO FUNDS REQUESTED</u></b>							

## Part III: Implementation Schedule

[illegible]

# **ATTACHMENT C** **Capital Fund Program Five-Year Action Plan**

## Part I: Summary

PHA Name <b>RAINSVILLE HOUSING AUTH</b>				<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: <b>2002</b> PHA FY: <b>2002</b>	Work Statement for Year 3 FFY Grant: <b>2003</b> PHA FY: <b>2003</b>	Work Statement for Year 4 FFY Grant: <b>2004</b> PHA FY: <b>2004</b>	Work Statement for Year 5 FFY Grant: <b>2005</b> PHA FY: <b>2005</b>
	Annual Statement				
<b>AL168005</b>		<b>\$201,568.00</b>			
<b>AL168002</b>			<b>\$201,568.00</b>		
<b>PHA-WIDE</b>				<b>\$201,568.00</b>	
<b>AL168006</b>					<b>\$201,568.00</b>
CFP Funds Listed for 5-year planning		<b>\$201,568.00</b>	<b>\$201,568.00</b>	<b>\$201,568.00</b>	<b>\$201,568.00</b>
Replacement Housing Factor Funds					



## ATTACHMENT C

## Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year: 2 FFY Grant: 2002 PHA FY: 2002			Activities for Year: 3 FFY Grant:2003 PHA FY: 2003		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	AL168005	Central HVAC system	37,500.	AL168002	Central HVAC system	140,000.
Annual		New V.C. floor tile	18,500.		Repair flat roofs	30,000.
Statement		Re-Mod baths	18,000.		A & E Fees	10,200.
		Re-Mod kitchens	40,000.		Relocation cost	5,000.
		Windows & Screens	25,000.		Audit	2,000.
		Paneling	33,000.		Additional accounting	2,000.
		A & E Fees	10,320.		Contingency	12,368.
		Relocation Cost	2,000.			
		Additional accounting	2,000.			
		Audit	2,000.			
		Contingency	13,248.			
Total CFP Estimated Cost			\$201,568.00			\$201,568.00

## ATTACHMENT C

## Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages—Work Activities

Activities for Year : 4 FFY Grant: 2004 PHA FY: 2004			Activities for Year: 5 FFY Grant: 2005 PHA FY: 2005		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA-WIDE	Site Work	125,000.	AL 168006	Central HVAC system	100,000.
	A & E Fees	7,500.		Re-Roof	35,000.
	Replace Ranges	11,500.		A & E Fees	8,100.
	Replace Refrigerators	20,000.		Relocation Cost	5,000.
	Replace lawn tractor	20,000.		Additional accounting	2,000.
	Additional accounting	2,000.		Audit	2,000.
	Audit	2,000.		Contingency	13,794.
	Contingency	13,568.			
			PHA- WIDE	Replace playground	
				Equipment	35,674.
Total CFP Estimated Cost		\$201,568.00			\$201,568.00

**Required Attachment D: Resident Member on the PHA Governing Board**

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected

☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: **August, 2001**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**NATHAN LEDBETTER**

**MAYOR, CITY OF RAINSVILLE, AL 35986**



## **Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

**MRS. LUCILLE HALL  
182 HAVEN DRIVE  
APARTMENT 113B  
HENAGER HOMES  
HENAGER, AL 35978**

**MRS. RUTH HENDERSON  
135 NORTHSIDE DRIVE  
APARTMENT 59B  
NORTHSIDE HOMES  
RAINSVILLE, AL 35986**

**MRS. OLENE BURCH  
219 DEKALB DRIVE  
APARTMENT 10B  
RAINSVILLE HOMES  
RAINSVILLE, AL 35986**

**RESIDENTS WERE NOMINATED AND ELECTED BY THE OTHER RESIDENTS.**

**ATTACHMENT F----PROGRESS STATEMENT OF PHA MISSION AND GOALS**

**The Authority has a goal to renovate and modernize public housing units and the Authority is on schedule with accomplishing this goal.**

**The Authority is on schedule with admitting higher income families into public housing, the average rent has increased over the past year, and this is due in part by admitting working families into the program.**

**The Tenant Account Receivable balance has been maintained at a “0” balance for 2 straight years, due to an aggressive rent collection policy being enforced by the Authority.**

**In an effort to increase customer service, work orders are being processed in a 2 day period.**

**Crime rate has been reduced with-in the developments, due to the cooperation with the local Police Department.**

















